

**OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710**

Daniel J. Broderick
Federal Defender

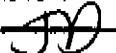
Linda Harter
Chief Assistant Defender

April 9, 2007

FILED

APR 9 2007

Ms. Stephanie Adraktas
Attorney at Law
448 Page Street
San Francisco, CA 94102

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
by  DEPUTY CLERK

Re: **Mack v. Galaza**
Civ.S-02-1539-GEB

Dear Ms. Adraktas:

This will confirm your appointment as counsel by the Honorable Garland E. Burrell, U.S. District Judge, to represent the above-named appellant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,


CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: 
Clerk's Office
Ninth Circuit Court of Appeals

1. CIVIL/DIV. CODE 09C		2. PERSON REPRESENTED Mack, Stephen		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER Civ.S-02-1539-GBR		5. APPEALS DKT./DEF. NUMBER		
7. IN CASE/MATTER OF (Case Name) Mack v. Galaza		8. PAYMENT CATEGORY Appeal		9. TYPE PERSON REPRESENTED Appellant		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) other offenses charged, according to severity of offense. Appeal from the denial of a habeas corpus						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) Stephanie Adraktas, Esq. 448 Page Street San Francisco, CA 94102 (415) 699-1507			13. COURT ORDER <input type="checkbox"/> Appointing Counsel <input type="checkbox"/> State For Federal Defendant <input type="checkbox"/> State For Federal Attorney Prior Attorney's Name _____ Appointment Date _____ <input type="checkbox"/> Because the above named person represented has handled twelve or less other cases in this court than the (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. <input type="checkbox"/> Other (See Instruction) _____ Signature of Presiding Judicial Officer or by Order of the Court 3/23/07 Name/PW Date Repayment or partial repayment ordered from the person represented for this service of time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)			15. CATEGORIES (Attach Narration of services with dates)			
			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	
I C O R T C E R T	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
h. Other (Specify on additional sheets)						
(Rate per hour = \$ 92)			TOTALS:			
I C O R T C E R T	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other Work (Specify on additional sheets)					
	(Rate per hour = \$ 92)			TOTALS:		
	17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Paid Payment <input type="checkbox"/> Interim Payment Received _____			<input type="checkbox"/> Supplemental Payment Have you previously applied to the court for supplemental payment reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or your Association law office, received payment (compensation or retainer or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____			
23. IN COURT COMP.		24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		29a. JUDGE / MAG. JUDGE CODE	
30. IN COURT COMP.		31. OUT OF COURT COMP.	32. TRAVEL EXPENSES	33. OTHER EXPENSES	34. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment Approved by _____ on _____			DATE		34a. JUDGE CODE	